MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 101584251 APPLICANT(S)

FILING DATE

CLAIMS

ŀ	AS FILED IND. DEP.		AFTER 1*AMENDMENT		AFTER 1 MAMENDMENT			ļ	AS FILED		AFTER CAMENDMENT		AFTER	
1	TND.	DEP.	IND.	DEP.	IND.	DEP.	·	IND.	DEP.	IND.	DEP.	IND.	D	
2		1		 		 	51						+-	
3		1-1-		 			52						1	
4		3	·	 			53	- 		·			1	
5		745		 			54						1	
6		*		 		<u> </u>	55	- 					1	
7		75		 			56	-						
8		7		1-1			57	-					1	
9				1-1			58							
10				 			59						Г	
11				 			60							
12				H - H			61						Г	
13				 			62						Г	
14				 			63	 					Г	
15				 			64	·						
16							65	 		1				
17				1			66	1						
18							67	 						
19		·					68	 			1			
20			-				<u>69</u> 70	 						
21							71	 					Ŀ	
22							72	 						
23							73	 						
24							74	 						
25		•					75	 						
26							76	 						
7				1			77							
28			•				78	 						
.9			٠.				79							
30							80							
1]	81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87				·			
38	<u></u>						88							
39.					<u>]</u> .		89	 						
(0 (1							90							
12					 -}-		91			l		<u></u>		
13							92							
14					 - -	——	93 94					 -		
15					 		95							
16					- 					 -		·		
17							97		 }-	- -				
48	•						98		 -	 -				
19							99				<u>-</u> -			
50							100						—	
AL IND.		4		#		4	TOTAL IND.		#		1		1	
L DEP		4	6	4		4	TOTAL DEP.		4		4	<u>-</u>	4	
OTAL AIMS			17				TOTAL CLAIMS							